

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SEARCHED NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER		AFTER			
	INO.	OEP.	1ST AMENDMENT	INO.	OEP.	2ND AMENDMENT	INO.	OEP.
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TOTAL OFT.	17							

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TOTAL INO.	17		17		17	
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TOTAL OFT.	51		51		51	